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| **C:\Users\NCCS-Staff\Desktop\2013-14\Images\compass (1).png** | **Credit by Demonstrated Mastery (CDM)**  ***Student Record: Review Panel Recommendations*** |

**Student Name:**

**Student ID:**

**Current School:**

**Grade Level:**

**Birthdate:**

**Date of Application for CDM:**

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| **Phase 1 Assessment**  **Examination of Foundational Knowledge**  Course Title or Subject Area  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EOC Scale Score/CTE Exam Score/ NCFE Score/ Local Exam Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ Student met state-mandated minimum accuracy score for the assessment. Student will progress to Phase 2 of CDM process.  \_\_\_\_\_\_\_ Student did not meet the state-mandated minimum accuracy score for the assessment. Student will not progress to Phase 2 of CDM process.  Other comments: |
| **Phase 2 Assessment**  **Artifact review**  Artifact description:  \_\_\_\_\_\_ Student demonstrated deep understanding of content and skills.  \_\_\_\_\_\_ Student did not demonstrate deep understanding of content and skills.  Other Comments: |

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| **CDM Review Panel Recommendations**  **Date:**  \_\_\_ Student has EARNED credit by demonstrated mastery (CDM) based on state and local guidelines and will receive credit for the following course or subject area:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Student has NOT EARNED credit by demonstrated mastery (CDM) based on state and local guidelines and will not receive credit for the following course:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CDM Review Panel Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**

*Please note that once this decision is made, student/family and team will work together to address the implications for scheduling and course/subject placement for the following term.*

**Appeals Process:**

If a student or parent/guardian is in disagreement with the recommendations of the CDM Review Panel, the student or parent/guardian may appeal the decision through the following process:

**Appeals and Suggested Grievance Process**

1. Parent/Guardian may appeal in writing within 10 days of decision

2. Panel will review appeals within 10 days of recommendations and collect any

additional data requested by the panel.

3. Final recommendations will be made within 10 days of Appeals Review.

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| Appeal of recommendation received (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Appeal review date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Appeal review comments:  Final Review Panel recommendation:  \_\_\_\_\_\_\_ CDM approved \_\_\_\_\_\_\_ CDM not approved |

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